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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: KSSG Realty LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Monica La O Name of Person
Firm/Company
184 Prince Phillip Dr
St. Augustine FL 32092 City/State and Zip Code
KSSG Corp O amail: Com E-mail address: (to be used for viture annual report notification)
For further information concerning this matter, please call:
Monica La O at (407) 216 9787 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager
AMBR =	Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Remove
		 	□Change
		-	
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			□Change
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			□Remove
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n effective (te: If the	ate, if other than the date of filid date is listed, the date must be specific ar- date inserted in this block does not effective date on the Department of	nd cannot be pri- meet the appl	icable statutory	or more than 90 days	optional) after filing.) Pursuant to this date will not be	605.0207 listed as
ecord spe	cifies a delayed effective date, but no	ot an effective	time, at 12:01 a	i.m. on the earlier o	f: (b) The 90th day a	after the
is filed.			<u> </u>	0~		
is filed.		1 M	La	8		-
is filed.	Signature of a	1 M i member or au	thorized represent	ative of a member		-

Filing Fee: \$25.00

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Compa	iny as it now appears on our records.)	
(A Florida Limited I	Liability Company)	
The Articles of Organization for this Limited Liability Company	1 1	and assigned
Florida document number <u>L19000231ø3</u> 53	` '	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
The new name must be distinguishable and the words "Limited Liabil		
The new name must be distinguishable and anti-in the words "Limited Liabil		
Enter new principal offices address, if applicable:	184 Prince P	hillip Dr
(Principal office address MUST BE A STREET ADDRESS)	St. Augustin	e FL 32092
Enter new mailing address, if applicable:	7862 WI Irla	Bronson
(Mailing address MAY BE A POST OFFICE BOX)	Memorial Hum	5 te 544
	Kissimmee Fl	34747
B. If amending the registered agent and/or registered office a	address on our records, enter the na	me of the new registered
agent and/or the new registered office address here:	<u></u>	
		2022 (3)
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		•
	Enter Florida street address	
	Florida _	<u> က</u>
	Cay	Exp Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.